

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Tommy Woods
Address PO Box 388 115 Quinn Mills Rd Marshall
Telephone (Work) Cell 901-489-3090 (Home) 662-838-6201 (Fax) 662-838-7210
Contact Name Same Email Address _____
Office Sought House of Rep. Dist. 52 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ___ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
___ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized) Total This Period Calendar year-to-date

| | | | |
|----------------------------------|----------------------|--------------|--------------|
| Total amount of contributions \$ | 6700.00 + \$ 5210.00 | \$ 11,910.00 | \$ 11,910.00 |
| Total amount of disbursements \$ | 7833.60 + \$ 2075.00 | \$ 9908.60 | \$ 9,908.60 |
| Total amount of cash on hand \$ | | 2001.40 | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

1-29-09

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 29 2009

Secretary of State
Capitol Office

Name of candidate
or committee

Reporting period

Page

of

5

Tommy Woods
Jun 1 2008 through Dec 31 2008

ITEMIZED RECEIPTS

| | | |
|---|--|--|
| <p>A.</p> <p>Full name <u>Ms Asphalt PAC</u></p> <p>Mailing address _____</p> <p>City, State, Zip Code <u>Jackson, Ms.</u></p> <p>Name of employer <u>Golf</u></p> <p>Occupation _____</p> | | <p>Date (mo., day, year) <u>8/21/08</u></p> <p>Amount of each receipt this period</p> <p>\$ <u>300.00</u></p> <p>Aggregate year-to-date \$ <u>300.00</u></p> |
| <p>B.</p> <p>Full name <u>Smith Transpotation</u></p> <p>Mailing address _____</p> <p>City, State, Zip Code <u>Byrdia, Ms. 38611</u></p> <p>Name of employer <u>Golf</u></p> <p>Occupation _____</p> | | <p>Date (mo., day, year) <u>8/22/08</u></p> <p>Amount of each receipt this period</p> <p>\$ <u>400.00</u></p> <p>Aggregate year-to-date \$ <u>400.00</u></p> |
| <p>C.</p> <p>Full name <u>BNSF Railroad</u></p> <p>Mailing address _____</p> <p>City, State, Zip Code <u>Fort Worth, Tx</u></p> <p>Name of employer <u>Golf</u></p> <p>Occupation _____</p> | | <p>Date (mo., day, year) <u>10-1-08</u></p> <p>Amount of each receipt this period</p> <p>\$ <u>400.00</u></p> <p>Aggregate year-to-date \$ _____</p> |
| <p>D.</p> <p>Full name <u>James Wood</u></p> <p>Mailing address _____</p> <p>City, State, Zip Code <u>Oliver Branch, Ms.</u></p> <p>Name of employer <u>Golf</u></p> <p>Occupation _____</p> | | <p>Date (mo., day, year) <u>10-1-08</u></p> <p>Amount of each receipt this period</p> <p>\$ <u>300.00</u></p> <p>Aggregate year-to-date \$ <u>300.00</u></p> |
| <p>E.</p> <p>Full name <u>Ms. Belf Bond Amc.</u></p> <p>Mailing address _____</p> <p>City, State, Zip Code <u>Jackson Ms</u></p> | | <p>Date (mo., day, year) <u>10-13-08</u></p> <p>Amount of each receipt this period</p> <p>\$ <u>400.00</u></p> |

Name of Candidate or Committee

Tommy Woods

Reporting period

Jan 1 2008 through Dec 31 2008

ITEMIZED RECEIPTS

| | | | |
|--|--|---------------------------|--|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Georgia Pacific</u> | | <u>11/20/08</u> | \$ <u>250.00</u> |
| Mailing Address _____ | | <u> / / </u> | \$ |
| City, State, Zip Code <u>Baton Rouge, La</u> | | <u> / / </u> | \$ |
| Name of Employer (Required) _____ | | <u> / / </u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ <u>250.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>QC Holdings</u> | | <u>12/12/08</u> | \$ <u>250.00</u> |
| Mailing Address _____ | | <u> / / </u> | \$ |
| City, State, Zip Code <u>Overland Park, Ks.</u> | | <u> / / </u> | \$ |
| Name of Employer (Required) _____ | | <u> / / </u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ <u>250.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Woods Farm Supply</u> | | <u>9/29/08</u> | \$ <u>400.00</u> |
| Mailing Address _____ | | <u> / / </u> | \$ |
| City, State, Zip Code <u>Byhalia, Ms.</u> | | <u> / / </u> | \$ |
| Name of Employer (Required) _____ | | <u> / / </u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ <u>400.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Bonnie Norwood</u> | | <u>9/29/08</u> | \$ <u>300.00</u> |
| Mailing Address _____ | | <u> / / </u> | \$ |
| City, State, Zip Code <u>Hernando, Ms.</u> | | <u> / / </u> | \$ |
| Name of Employer (Required) _____ | | <u> / / </u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ <u>300.00</u> |

Name of Candidate or Committee

Tommy Wood

Reporting period

Jan 1 2008 through Dec. 31 2008

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|--|
| Full name <u>Al Sage</u> | <u>9/30/08</u> | \$ <u>300.00</u> |
| Mailing Address _____ | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>Jackson Ms. Golf</u> | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>Self</u> | <u>1/1/</u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>300.00</u> |

| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|--|
| Full name <u>Ms. Roadbuilder Esso.</u> | <u>9/30/08</u> | \$ <u>400.00</u> |
| Mailing Address _____ | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>Jackson, Ms.</u> | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>Golf</u> | <u>1/1/</u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>400.00</u> |

| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|--|
| Full name <u>Dr. Jason Coleman</u> | <u>10/1/08</u> | \$ <u>400.00</u> |
| Mailing Address _____ | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>Hernando, Ms. Golf</u> | <u>1/1/</u> | \$ |
| Name of Employer (Required) _____ | <u>1/1/</u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>400.00</u> |

| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|--|
| Full name <u>Chm Insurance</u> | <u>10/1/08</u> | \$ <u>400.00</u> |
| Mailing Address _____ | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>Oliver Branch, Ms.</u> | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>Golf</u> | <u>1/1/</u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>400.00</u> |

Name of Candidate or Committee Tommy Woods
 Reporting period Jan 1 2008 through Dec 31 2008

ITEMIZED RECEIPTS

| | | |
|---|------------------------|------------------------------------|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Albert Broadway</u> | <u>10/4/08</u> | \$ <u>300.00</u> |
| Mailing Address _____ | ____/____/____ | \$ _____ |
| City, State, Zip Code _____ | ____/____/____ | \$ _____ |
| Name of Employer (Required) <u>GOLF</u> | ____/____/____ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>300.00</u> |

| | | |
|---|------------------------|------------------------------------|
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Hal Williford</u> | <u>10/4/08</u> | \$ <u>300.00</u> |
| Mailing Address _____ | ____/____/____ | \$ _____ |
| City, State, Zip Code _____ | ____/____/____ | \$ _____ |
| Name of Employer (Required) <u>GOLF</u> | ____/____/____ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>300.00</u> |

| | | |
|---|------------------------|------------------------------------|
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Jim Thompson</u> | <u>10/4/08</u> | \$ <u>300.00</u> |
| Mailing Address _____ | ____/____/____ | \$ _____ |
| City, State, Zip Code <u>Jackson, Ms.</u> | ____/____/____ | \$ _____ |
| Name of Employer (Required) <u>GOLF</u> | ____/____/____ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>300.00</u> |

| | | |
|---|------------------------|------------------------------------|
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>North Central EPA</u> | <u>10/4/08</u> | \$ <u>400.00</u> |
| Mailing Address _____ | ____/____/____ | \$ _____ |
| City, State, Zip Code <u>Byhalis, Ms. 38611</u> | ____/____/____ | \$ _____ |
| Name of Employer (Required) _____ | ____/____/____ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>400.00</u> |

Name of Candidate or Committee Terry Wood

Reporting period Jan. 1 2008 through Dec. 31 2008

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|--|
| Full name <u>Terry Rodgers</u> | <u>10/4/08</u> | \$ <u>300.00</u> |
| Mailing Address _____ | <u>1/1/</u> | \$ |
| City, State, Zip Code _____ | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>Golf</u> | <u>1/1/</u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>300.00</u> |

| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|--|
| Full name <u>L & T Construction</u> | <u>10/2/08</u> | \$ <u>300.00</u> |
| Mailing Address _____ | <u>1/1/</u> | \$ |
| City, State, Zip Code _____ | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>Hernando, Ms.</u> | <u>1/1/</u> | \$ |
| Occupation (Required) <u>Golf</u> | Aggregate year-to-date | \$ <u>300.00</u> |

| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|--|
| Full name <u>Mr. Power Co.</u> | <u>10/2/08</u> | \$ <u>400.00</u> |
| Mailing Address _____ | <u>1/1/</u> | \$ |
| City, State, Zip Code _____ | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>Stalport, Ms.</u> | <u>1/1/</u> | \$ |
| Occupation (Required) <u>Golf</u> | Aggregate year-to-date | \$ <u>400.00</u> |

| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|--|
| Full name <u>Butler Snow Attys.</u> | <u>10/2/08</u> | \$ <u>300.00</u> |
| Mailing Address _____ | <u>1/1/</u> | \$ |
| City, State, Zip Code _____ | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>Jackson, Ms.</u> | <u>1/1/</u> | \$ |
| Occupation (Required) <u>Golf</u> | Aggregate year-to-date | \$ <u>300.00</u> |

Name of Candidate or Committee

Tommy Woods

Reporting period

Jan 1 2008

through

Dec 31 2008

ITEMIZED DISBURSEMENTS

| | | |
|---|---------------------------|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>The South Reporter</u> | <u>1/5/08</u> | \$ <u>85.50</u> |
| Mailing Address | | \$ <u>85.50</u> |
| City, State, Zip Code | <u>1/1/</u> | \$ <u>85.50</u> |
| <u>Holly Springs Ms. 38635</u> | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| <u>Adv.</u> | | |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Desoto Times</u> | <u>1/5/08</u> | \$ <u>87.00</u> |
| Mailing Address | | \$ <u>87.00</u> |
| City, State, Zip Code | <u>1/1/</u> | \$ <u>87.00</u> |
| <u>Hemando, Ms. 38632</u> | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Piggly Wiggly</u> | <u>4/3/08</u> | \$ <u>186.80</u> |
| Mailing Address | | \$ <u>177.93</u> |
| City, State, Zip Code | <u>1/1/</u> | \$ <u>440.00</u> |
| <u>Byhalia Ms.</u> | | \$ <u>315.32</u> |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>407.39</u> |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Sam's Club</u> | <u>9/29/08</u> | \$ <u>321.29</u> |
| Mailing Address | | \$ |
| City, State, Zip Code | <u>1/1/</u> | \$ |
| <u>Seentower Ms.</u> | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Plantation Golf Club</u> | <u>10/27/08</u> | \$ <u>4017.40</u> |
| Mailing Address | | \$ |
| City, State, Zip Code | <u>10/27/08</u> | \$ <u>4017.40</u> |
| <u>Olive Branch, Ms. 38654</u> | | \$ <u>4017.40</u> |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>NWCC Foundation (Northwest C.F.C.)</u> | <u>11/18/08</u> | \$ <u>1000.00</u> |
| Mailing Address | | \$ |
| City, State, Zip Code | <u>1/1/</u> | \$ |
| <u>Senatobia Ms.</u> | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>1000.00</u> |
| <u>Scholarship</u> | | |

Name of Candidate or Committee

Tommy Woods

Reporting period

Jan 1 2008

through

Dec 31, 2008

ITEMIZED DISBURSEMENTS

| | | |
|---|---------------------------|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Oliver Branch Chamber + Commerce</u> | <u>9/25/08</u> | \$ <u>794.97</u> |
| Mailing Address | | |
| City, State, Zip Code | <u>—/—/—</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>79.97</u> |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>CJC Leachin</u> | | |
| Mailing Address | <u>—/—/—</u> | \$ |
| City, State, Zip Code | <u>—/—/—</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u>—/—/—</u> | \$ |
| Mailing Address | <u>—/—/—</u> | \$ |
| City, State, Zip Code | <u>—/—/—</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u>—/—/—</u> | \$ |
| Mailing Address | <u>—/—/—</u> | \$ |
| City, State, Zip Code | <u>—/—/—</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u>—/—/—</u> | \$ |
| Mailing Address | <u>—/—/—</u> | \$ |
| City, State, Zip Code | <u>—/—/—</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u>—/—/—</u> | \$ |
| Mailing Address | <u>—/—/—</u> | \$ |
| City, State, Zip Code | <u>—/—/—</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |